

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

SHEET 1 of



COMPLETE IF KNOWN

Application Number	10/695,283
Confirmation Number	3960
Filing Date	10/28/2003
First Named Inventor	Dykstra
Art Unit	1743
Examiner Name	Cole
Docket Number	9086M

U. S. PATENT DOCUMENTS

EXAMINER INITIALS*	Cite No.	DOCUMENT NUMBER Number - Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear
/K.M./	1	US-2002/0010107 (equivalent to JP 2001-335800)	01-24-2002	Hoshino et al.	

FOREIGN PATENT DOCUMENTS

EXAMINER INITIALS*	Cite No.	FOREIGN PATENT DOCUMENT			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ²	Number ⁴	Kind Code ² (if known)				
/K.M./	2	WO	98/28396 (equivalent to JP 2001-507058)		07-02-1998	Quest International		
/K.M./	3	WO	98/28398 (equivalent to JP 2001-507384)		07-02-1998	Quest International		
/K.M./	4	WO	98/28339 (equivalent to JP 2001-507059)		07-02-1998	Quest International		
EXAMINER /Keri Moss/						DATE CONSIDERED 07/20/2008		

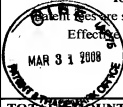
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

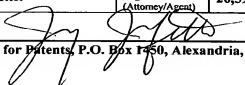
*Applicant's unique citation designation number (optional). ²See Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IDS List of References.doc

FEE TRANSMITTAL for FY 2008 Patent fees are subject to annual revision. Effective September 30, 2007 	Complete if Known	
	Application Number	10/695,283
	Confirmation Number	3960
	Filing Date	10/28/2003
	First Named Inventor	Dykstra
	Examiner Name	Cole
Art Unit	1743	
TOTAL AMOUNT OF PAYMENT (\$180.00)		Docket No. 9086M

METHOD OF PAYMENT		FEE CALCULATION (continued)																																														
1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		5. ADDITIONAL FEES <table border="0"> <tr> <th><u>Fee Description</u></th> <th></th> <th><u>Fee Paid</u></th> </tr> <tr> <td>Extension for reply within 1st month</td> <td>(\$120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$460)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,050)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,640)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,230)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/> [180]</td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$510)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$510)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,030)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,410)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		<u>Fee Description</u>		<u>Fee Paid</u>	Extension for reply within 1 st month	(\$120)	<input type="checkbox"/>	Extension for reply within 2 nd month	(\$460)	<input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,050)	<input type="checkbox"/>	Extension for reply within 4 th month	(\$1,640)	<input type="checkbox"/>	Extension for reply within 5 th month	(\$2,230)	<input type="checkbox"/>	Information Disclosure Statement fee	(\$180)	<input type="checkbox"/> [180]	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50)	<input type="checkbox"/>	Non-English specification	(\$130)	<input type="checkbox"/>	Notice of Appeal	(\$510)	<input type="checkbox"/>	Filing a brief in support of an appeal	(\$510)	<input type="checkbox"/>	Request for oral hearing	(\$1,030)	<input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410)	<input type="checkbox"/>	Other:		<input type="checkbox"/>
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FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="0"> <tr> <th>FILING</th> <th>SEARCH</th> <th>EXAMINATION</th> <th></th> </tr> <tr> <th><u>FEE</u></th> <th><u>FEE</u></th> <th><u>FEE</u></th> <th></th> </tr> <tr> <td><u>Application Type</u></td> <td></td> <td></td> <td><u>Fee Paid</u></td> </tr> <tr> <td>Nonprovisional (\$310)</td> <td>(\$510)</td> <td>(\$210)</td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td>(Total = \$1030)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design (\$210)</td> <td>(\$100)</td> <td>(\$130)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Total = \$440)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$310)</td> <td>(\$510)</td> <td>(\$620)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Total = \$1440)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td>(Total = \$210)</td> <td><input type="checkbox"/></td> </tr> </table>		FILING	SEARCH	EXAMINATION		<u>FEE</u>	<u>FEE</u>	<u>FEE</u>		<u>Application Type</u>			<u>Fee Paid</u>	Nonprovisional (\$310)	(\$510)	(\$210)		Utility		(Total = \$1030)	<input type="checkbox"/>	Design (\$210)	(\$100)	(\$130)				(Total = \$440)	<input type="checkbox"/>	Reissue (\$310)	(\$510)	(\$620)				(Total = \$1440)	<input type="checkbox"/>	Provisional Utility filing fee		(Total = \$210)	<input type="checkbox"/>	3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>						
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4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="0"> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)			Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>	SUBTOTAL (5) (\$) <input type="checkbox"/> [180]																														
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SUBMITTED BY Name (Print/Type) Jerry J. Yetter		Registration No. 26,598 (Attorney/Agent)	Complete (if applicable) Telephone (513) 627-2996																																													
Signature 		Date	March 27, 2008																																													

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